0 4.056	THE DIVISION OF HE		42610
FILED JAN 13 1951		FICATE OF DEATH!	M3 State File No.
][· ·	318		11164
I. PLACE OF DEATH	REG. DIST. NO.	PRIMARY REG. DIST. NO	Registrar's No.
a. COUNTY	0	a. STATE T	Where deceased lived. If institution: residence before b. COUNTY padmission).
b. CITY (If outside corporate limi	te, write RURAL and give C. LENGTH OF	CITY (TALL)	D / 20
TOWN ST Levi	township) STAY (in this place		b, write BURAL and give towaship)
d. FULL NAME OF (II not in he HOSPITAL OR INSTITUTION 3. NAME OF a. (First)	spital or institution, give street address or location)		, give location)
HOSPITAL OR INSTITUTION	epital or institution give street address or location)	ADDRESS	
3. NAME OF a. (First) DECEASED	S. (Middle)	c. (Last)	4. DATE (Month) (Day) (Year)
(Type or Print)	tor	Miller	DEATH Dec. 38 1950
5. SEX 6. COLOR O	R RACE 7. MARRIED, NEVER MARRIED,	8. DATE OF BIRTH	9. AGE (In years F UNDER ! TEAR F UNDER N MES.
Male Whit	e Married ~	1-28-1894	ا ا ا 5 د
10a. USUAL OCCUPATION (Give kind done during most of working life, even	ltretired) , DUSTRY	11. BIRTHPLACE (Bute or foreign	12. CITIZEN OF WHAT COUNTRY?
accountent	Western Garridge Co	Hardin	- LIII USR
13a. FATHER'S NAME	13b MOTHER'S MAIDEN	5 1 14. NA	ME OF HUSBAND'OR WIFE
15. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16. SOCIAL SECURITY	regauldin 17	elen
	r or dates of service) 10. SOCIAL SECORITY	1 "	ATURE OR NAME ADDRESS
18. CAUSE OF DEATH	MEDICAL	CERTIFICATION	INTERVAL BETWEEN
Enter only one cause per 1. DISEAS	SE OR CONDITION LY LEADING TO DEATH*(a) <u>Acute</u>		ONSET AND DEATH
	· ·	cardiac Lai	eure operative
	DENT CAUSES	company of la	ug 72 mo.
as hear fallure, asthenia. rise to th	conditions, if any, giving DUE TO (b) <u>Cal</u> e e above cause (a) stating	<u>cenoma of ku</u>	ay ; & mo.
ease, diverge or complica-	riging cause last. DUE TO (c)	V	Ì
	R SIGNIFICANT CONDITIONS		
Condition	ns contributing to the death but not the disease or condition causing death.		}
19a. DATE OF OPERA- 19b. MAJ	OR FINDINGS OF OPERATION		20. AUTOPSY?
12/20/50 R	ghe preumonecto	ny	YES 🗹 NO 🗀
21a. ACCIDENT (Specify)	21b. PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR TOWNSHI	
SUICIDE HOMICIDE	home, farm, factory, street, office bldg., etc.)		
OF	Year) (Hour) Zie. INJURY OCCURRED	211. HOW DID INJURY OCCUR?	11-20
INJURY	m. WHILE AT NOT WHILE WORK AT WORK		1001
	ended the deceased from Dec. 14	1950, 10 Dec. 26	, 1950, that I last saw the deceased
	, 19_50, and that death occurred at	345/Am., from the causes	and on the date stated above.
23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
781	nadley M.D.	1 2	epital 12/28/50
24a. BURIAL, CREMA- 24b. DA	TE 24c. NAME OF CEMETER	Y OR CREMATORY 24d. LOCA	TION (City, town, or county) (State)
Kemoval 5 17	-28-10 Hardin	1)437	din III
DATE REC'D BY LOCAL REGIST	RAR'S SIGNATURE	Hanks Fineral Director's	ADDRESS
GEO E O 134.	Janes Cer	Hanris Fun	reseltone Harding
	(Licensed Embelmer's S	statement on Reverae Side)	

FEB 20195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-	

working under my personal supervision.

Signed Rand Oleans K

.

Licensed Embalmer No. 3917

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply a

P. O. Address Othanis 10

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

wash it william and a

•	State ofIllinois ss. AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No
Affidavits containing erasures will not be accepted; draw one line through error and write above it.	On this 23rd day of May , 19151 before me appears
through e	Instead ofshould read
aw one line	Item Noshould read
accepted; dr	Instead ofshould read
will not be	Item Noshould read
ng erasures	Item Noshould read
its containir	The above is true to the best of my knowledge, information and belief. (SEAL) Affiant Affiant Relationship.
Affidav	(SEAL) Affiant (New Midow Relationship. 4500 Cally au allow lee Present Address.
7. S. 135 	Subscribed and sworn to before me this 3 at day of Mata U. Molland Notary Public.